



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1 of 1

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) Thurl T Cecil, Campaign For Coroner		<input type="checkbox"/> Check if this is a new name
2. Acronym or Abbreviated Name (if any) N/A	3. Committee Telephone Number (317) 984-4472	
4. Mailing Address (address where all campaign finance correspondence is received) 507 Red Fox Run		<input type="checkbox"/> Check if this is a new address
5. City, State, ZIP Code Arcadia, Indiana 46030	6. Party Affiliation (if applicable) Republican	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (include any nickname) Thurl Truman Cecil Jr.		8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (include district number, if any. Not required for exploratory committee.) Coroner of Hamilton County		10. County of Residence Hamilton
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be '0') <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period From 01/01/2014 Through 12/31/2014		COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period		26.09
14. Cash on hand and investments January 1, current year		26.09
15a. Itemized (use Schedule A)		0
15b. Unitemized		0
15c. Add lines 15a and 15b in both columns SUBTOTAL		0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL		26.09
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0
17b. Unitemized		0
17c. Add lines 17a and 17b in both columns SUBTOTAL		0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL		26.09
19. Debits OWED BY the committee (use Schedule D)		0
20. Debits OWED TO the committee (use Schedule E)		0

CERTIFICATION

I, the undersigned, certify that the foregoing is true and correct to the best of my knowledge and belief it is true, correct and complete.

Title Treasurer	Date 1-13-2015
	Date 1-13-2015

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
person who fails to file a complete or accurate report as required by the Indiana
and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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CLERK OF COURTS

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